## STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## STATEMENT OF QUALIFYING CAMPAIGN CONTRIBUTIONS

NOTE: THE COMPLETED STATEMENT OF QUALIFYING CAMPAIGN CONTRIBUTIONS FORM(S) SHOULD BE ATTACHED AND SUBMITTED WITH THE APPLICATION FOR PUBLIC FUNDS.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

DIDATE AND CANDIDATE COMMITTEE NAME:		PAGE	OF	
DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR		AMOUNT OF QUALIFYING CAMPAIGN CONTRIBUTION	AGGREGATE QUALIFYING CAMPAIGN CONTRIBUTIO
DEPOSIT	TELEPHONE NUMBER OF DONOR (REQUIRED FOR PRE-AUDIT PURPOSES)		THIS FILING	TOTAL THIS ELEC
		***************************************		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JBTOTAL OF QUA	LIFYING CAMPAIGN CONTRIBUTIONS THIS FILING (THIS PAGE)	•••••		
OTAL OF QUALIFY	ING CAMPAIGN CONTRIBUTIONS THIS FILING (LAST PAGE THIS LINE ONLY) (E	NTER THIS TOTAL	N THE APPLICATION	